

Chapter 1

RATIONALE FOR THE STUDY OF COMPREHENSIVE HEALTH EDUCATION AND PHYSICAL EDUCATION

Given sufficient attention and support, young people can have the chance to grow up healthy and whole both in body and in mind. What is at stake are not only the precious individual lives of our young people but our national health and our future as a nation.

FRED M. HECHINGER



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EDUCATION IN THE ART OF LIVING

School failure is often a symptom of competing issues and problems that overwhelm a student's life. Poor nutrition, lack of sleep, chronic or untreated illness, pregnancy, a disorganized home, substance abuse, or a threatening environment may all contribute to a student's inability to cope with the rigorous demands of learning. Poor health in all its dimensions clearly interferes with school performance (Hechinger, 1992). Young people from all social and economic levels may experience these problems that compete for their time, energy, and commitment.

While most children and adolescents are considered healthy using traditional health markers such as disease patterns, an even more deadly pattern is emerging. Young males, across all races and age groups, are dying at a consistently higher rate than young females. Why? Most of these needless tragedies are the direct result of poor choices resulting in substance use, homicide, or motor vehicle crashes involving the use of alcohol. These tragedies are preventable (Ozer, Brindis, Millstein, Knopf & Irwin, 1998). Preventing health-threatening behaviors and instituting health-enhancing ones are crucial to the prevention of needless death and despair. Empowering young people to make life-enhancing decisions enables them to engage in the work of youth—**learning**. No longer can we rely on miracle cures or one-shot measures to solve these very serious problems. Collectively, we must focus our energies on the prevention of serious and costly health conditions that impact individuals, their families, the community, and the nation. According to John Seffrin, chief executive officer of the American Cancer Society, human health is both an end and a means to an end. For this reason, Dr. Seffrin defines school health education as **education in the art of living** (1992, p. 393).

Good health is necessary for effective learning. Feeling physically and mentally healthy is essential as students face intense competition, peer and media pressure, and the stresses of daily physical, emotional, social, intellectual, and work-related activities (Marx, Wooley, & Northrup, 1998). Business and community leaders now recognize the need for a healthy, productive workforce armed with critical-thinking skills, problem-solving skills, cooperative and collaborative qualities, self-management skills, and finely-tuned communication skills (Marx et al.). Many businesses offer employee wellness programs including fitness programs, preventive healthcare, and occupational services to ensure the health and productivity of their employees. Comprehensive health education and physical education play important roles in the development of citizens who are able to form healthy relationships, use social skills appropriately, demonstrate a sense of intellectual curiosity, and practice health-enhancing behaviors in preparation for their role as well-educated, productive citizens (Hechinger, 1992).

The *Comprehensive Health Education and Physical Education Core Curriculum Content Standards* address our greatest threats to morbidity and mortality. In adults, three major causes contribute to two-thirds of all mortality and a great amount of morbidity, suffering, and healthcare costs. According to a 1997 report issued by the Centers for Disease Control and Prevention (CDC), the use of tobacco

products, the consumption of an unhealthy diet, and a daily pattern of inactivity contribute to our nation's battle with heart disease, stroke, and cancer (1997). Significantly, adolescents account for one quarter of all new HIV infections, one quarter of all new sexually transmitted diseases (STDs), and approximately one million pregnancies per year. The leading causes of death in our young people involve intentional and unintentional injuries such as motor vehicle crashes (with one half of those being alcohol related), homicide, and suicide. Clearly, our greatest health challenges are critically linked to the health-related behaviors individuals have chosen to adopt (CDC, 1997). While multiple factors (including heredity and environment) account for a percentage of premature illness and death, lifestyle choices contribute to over 50% of such morbidity and mortality (Allensworth, 1993). Complicating this scenario is the simple fact that poor health choices do not generally occur in isolation; that is, these behaviors cluster in predictable ways and follow a developmental progression.

HISTORICAL BACKGROUND

These facts are not new. Throughout history scientists, physicians, philosophers, and educators have promoted the "laws of health." The ancient Greeks, known for their commitment to preventive medicine and fitness, believed that "Eating alone will not keep a man well; he must also take exercise. For food and exercise, while possessing opposite qualities, yet work together to produce health" (CDC, 1996, p.13). Greek citizens were advised to breathe fresh air, eat proper food, drink the right beverages, get plenty of sleep, and consider their emotions as part of overall well-being. As we approach the 21st century, this continues to be sage advice (CDC, 1996).

After World War I, many states mandated health, safety, and physical education for public school students. The New Jersey mandate, N.J.S.A. 18A: 35-7, was initiated to better prepare young men for the rigors of military service. Since that time, family life education, HIV/AIDS prevention education, and substance abuse education have been added to the original requirement. In addition, numerous statutes require instruction in specific issues such as Lyme disease, sexual assault prevention, fire safety, or cancer awareness. The content of physical education programs has not been so clearly delineated in New Jersey statutes or regulations.

Comprehensive health education and physical education are complementary disciplines, sharing a similar yet distinct body of knowledge. The *Comprehensive Health Education and Physical Education Standards* provide a consolidated approach to instruction with **wellness** as the common theme. The aim of the *Standards* is to enable students to take responsibility for their actions using sound, informed judgment while considering the impact of those actions for themselves, for their family, and for society at large.

For every dollar spent on high-quality, multicomponent school health education, society saves \$13 in direct costs (e.g., medical treatment for preventable disease, addiction counseling, alcohol-related motor vehicle crashes, drug-related crime). This includes the indirect costs of lost productivity due to premature death and the social welfare expenditures associated with adolescent pregnancy (Marx et al., 1998). Comprehensive health education and physical education aim to address these serious impediments to school completion, self-efficacy, and wellness. If the purpose of education is to prepare young people for their place in our complex and fast-paced world, then comprehensive

health education and physical education—*education in the art of living*—are significant parts of that preparation. According to Maurice Elias, Ph.D, professor of psychology at Rutgers University and colleagues, schools and communities need to do more to prepare young people for the challenges and demands of life. Their research supports school-based programs that promote social and emotional health as well as physical health. We must teach our children in ways that give them a realistic chance of successfully managing the challenges of learning, growing, and developing (Elias, et al. 1997). Comprehensive health education and physical education aim to provide students with the knowledge and skills to meet those demands.

BENEFITS OF COMPREHENSIVE HEALTH EDUCATION AND PHYSICAL EDUCATION

Comprehensive health education and physical education:

- **Empower** students to make informed decisions about issues that impact their present health, the health of their family and friends, and the health of society at-large.
- **Enable** students to enact health-enhancing behaviors before damaging patterns are firmly established.
- **Enhance** students' ability to become cautious and competent consumers.
- **Strengthen** students' ability to recognize, analyze, and react to unhealthy or dangerous situations in a safe and appropriate manner.
- **Strengthen** students' ability to focus on learning, academic achievement, and preparation for the world of work.
- **Empower** students to navigate through and around conflicting messages, risky behaviors, and mounting pressures and to develop dependable support systems.
- **Assist** students to recognize, understand, and address immediate or chronic health problems in order to prevent long-term health problems.
- **Empower** students to choose lifetime physical activities that they enjoy and have confidence in.
- **Enable** students to participate in lifetime activities that promote, support, and maintain wellness.

COORDINATED SCHOOL HEALTH PROGRAMS

Comprehensive health education and physical education are two components of a nationally recognized model, endorsed by the CDC, that supports and promotes student, school, family, and community wellness. Coordinated school health programs (formerly called comprehensive school health programs) feature eight components that provide a framework for the requisite programs and services shown to promote healthy behavior, promote school attendance and student achievement, and foster environments conducive to school completion (Figure 1). Comprehensive health education and

physical education are best delivered within the context of a coordinated program that includes all eight elements, linked by a common network and philosophy. Schools with coordinated and comprehensive programs in place are considered **health-promoting** environments. Coordinated school health programs include:

- Policies and procedures that support and reinforce classroom instruction. Health messages are clear and consistent.
- Access to health services and referrals to community healthcare providers. Classroom instructors, school nurses, parents, and community healthcare providers work as a team to support student health.
- In-school support and referral for those needing counseling services. Classroom instructors and school counselors work in concert with social workers and mental health specialists to provide immediate care in time of crisis and to facilitate long-term care for those who need it.
- A safe school environment. School staff work to provide a clean, safe, drug-free and weapon-free environment.
- Nutritious and appealing food choices. The food services staff provides meals that reflect the tenets of sound nutrition yet are appealing to young people.
- School staff that promote and support wellness. School staff members are supported in their own efforts to achieve health and well-being.
- Parental and community support. Schools involve parents and community members in health promotion efforts and policy making.

Coordinated school health programs are an integral part of school reform efforts. These programs reflect a collaborative school community seeking to enhance the health and well-being of its members. Instructional programs grounded in a health-promoting environment tend to be more successful, more consistent, and more effective. According to the CDC, (Online, HYPERLINK <http://www.cdc.gov/nccdphp/dash/cshpdef.htm>, 8/14/98) a coordinated school health program includes:

Health Education: A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.

Physical Education: A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythm and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical education.

Health Services: Services provided for students to appraise, protect, and promote health. These services are designed to ensure access and referral to primary health care services; foster the appropriate use of primary health care services; prevent and control communicable disease and other health problems; provide emergency care for illness or injury; promote and provide optimal sanitary conditions for a safe school facility and school environment; and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, certified school nurses, dentists, health educators, and other allied health personnel provide these services.

Nutrition Services: Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the federal government's *Dietary Guidelines for Americans* and other criteria to achieve nutrition integrity. The school nutrition service offers students a learning laboratory for classroom nutrition and health education, and serves as a resource for linkage with nutrition-related community services. Qualified child nutrition professionals provide these services.

Counseling, Psychological, and Social Services: Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

Healthy School Environment: The physical and aesthetic surroundings and the psychological climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it; any biological or chemical agents that are detrimental to health; and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

Health Promotion for Staff: Opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

Parent/Community Involvement: An integrated school, parent, and community approach for enhancing the health and well being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

SUMMARY

Poor health in all its dimensions interferes with a student's ability to learn. Comprehensive health education and physical education aim to assist students to enact health-enhancing behaviors to reduce or eliminate the likelihood of health problems that impede learning and productivity. *The Core Curriculum Content Standards for Comprehensive Health Education and Physical Education* address the major causes of mortality and morbidity, empowering students to make sound health choices. Comprehensive health education and physical education are two elements of a coordinated school health program designed to foster wellness for students, staff, and community.

Figure 1

A COORDINATED SCHOOL HEALTH PROGRAM

